

# Lincoln Hills / Copper Lake School

## Internship in Health Service Psychology

Intern Training Guide  
2017-2018



State of Wisconsin  
Department of Corrections  
Division of Juvenile Corrections  
Irma, Wisconsin

*APA Accredited  
Member of APPIC*

**Revised August 14, 2017**

## **PURPOSE OF INTERNSHIP GUIDE**

The purpose of this guide is to aid interns in gaining a better understanding of the Lincoln Hills School and Copper Lake School (LHS/CLS) Internship in Health Service Psychology. This guide provides interns with a description of the internship training program's mission, aims and goals, as well as discusses their alignment with the mission and goals of the supporting agency, the Wisconsin Department of Corrections, Division of Juvenile Corrections. This guide further outlines training schedules and opportunities, the structure of supervision and the process for evaluating intern competency development and program effectiveness. Within this guide, prospective interns will also find a comprehensive overview of the programs and services provided to residents at LHS/CLS, and the role of the Psychological Services Unit (PSU) in the provision of these services.

## **ACCREDITATION STATUS**

The Doctoral Internship in Health Service Psychology at Lincoln Hills/Copper Lake School (LHS/CLS) is fully accredited by the American Psychological Association (APA). The APA Commission on Accreditation can be reached at:

Office of Program Consultation and Accreditation  
American Psychological Association  
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[www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)



## **WI DEPARTMENT OF CORRECTIONS MISSION AND VISION**

### ***Mission:***

The mission of the Wisconsin Department of Corrections (WI-DOC), Division of Juvenile Corrections (DJC) is to promote a juvenile justice system that balances protection of the community, youth accountability and competency building for responsible and productive community living.

### ***Vision:***

DJC will reduce delinquent behavior and restore a sense of safety to victims and the community. To achieve this vision, we will build on our Mission Statement in the following ways:

1. Share ownership for justice through partnerships with the juvenile justice system and the community.
2. Learn from the community and promote opportunities for the community to learn from us.
3. Hold youth accountable by requiring them to contribute to the recovery of victims and the community.
4. Work with the community to assist youth in becoming productive community members.
5. Create a sense of community and mutual responsibility in the workplace.

## **THE INSTITUTION**

Lincoln Hills School (LHS) for boys and Copper Lake School (CLS) for girls are the two juvenile correctional institutions in the State of Wisconsin. They are co-located in Irma, Wisconsin and are in Lincoln County, approximately 30 miles north of the city of Wausau and approximately a two and a half hour drive north of Madison, the state's capital.



Both schools are administered through the Department of Corrections (DOC), Division of Juvenile Corrections (DJC). Through the Division's Mission and Vision, LHS and CLS are charged with the responsibility of providing public safety, holding youth accountable for their behaviors, and offering youth opportunities to build competencies. The Psychological Services Unit (PSU), and by extension the internship program, play an integral role in developing youth competencies through the provision of mental health services and evidenced based practices.

LHS was constructed in 1970 and CLS was constructed in 2011 when a consolidation of the existing juvenile facilities in Wisconsin took place. During consolidation, Southern Oaks Girls School, where juvenile females had been placed prior to the opening of CLS, was closed along with Ethan Allen School (EAS), for boys, where this internship program had previously operated. Both youth populations were transferred to LHS/CLS in the summer of 2011.

### **FACULTY AND STAFF**

There is a strong commitment from administrative staff at LHS/CLS, the Division of Juvenile Corrections, and the Department of Corrections as a whole, to rehabilitating juvenile offenders, the provision of psychological services, and to the internship program and its mission to train highly qualified correctional psychologists. About two hundred people work at LHS/CLS; including about thirty faculty and staff within the school program, nearly twenty social workers and treatment specialists, and a variety of health services staff including nurses, physicians, nurse practitioners, psychiatrists, and a dentist. The Psychological Services Unit (PSU) is comprised of four doctoral level licensed psychologists, four full-time Psychological Associates (psychology staff have a doctoral degree and are not yet licensed, or a master's degree in counseling psychology or a related field), one Psychological Services Assistant, one Office Operations Associate and four full-time psychology interns. Additionally, there are numerous youth counselors, food service workers, security personnel, a chaplain, and administrators. The Wisconsin Department of Corrections is an equal opportunity employer and makes consistent efforts to recruit and retain a diverse staff.

### **THE RESIDENTS**

While the average daily population fluctuates, the most recent average has been approximately 175 boys at LHS and 25 girls at CLS. The vast majority of the youth have been committed from a county juvenile court after being adjudicated delinquent and in need of secure placement for an offense that if committed by an adult would have resulted in a sentence of 6-months or longer. A small number of youth have been placed at the facility after having been sentenced in adult court for a serious felony offense.

These youth are allowed to start their adult sentences at the juvenile facility due to their young age. All youth at LHS/CLS are age ten to twenty-five years, with the vast majority being between the ages of fifteen and eighteen. There are approximately six different types of commitments to Lincoln Hills/Copper Lake School. The most common is a one to two year commitment from a Wisconsin juvenile court. Second is the standard Serious Juvenile Offender commitment of five years duration, a maximum of three years of which can be served in a secure facility. There is also another Serious Juvenile Offender commitment, typically for homicide, which can be up to

the age of twenty-five. Another type is an adult commitment of a youth who is sent to begin his/her sentence at LHS/CLS due to his/her young age. LHS/CLS is also used to sanction youth from other designated facilities and programs within the state. Some counties also use LHS/CLS as their secure detention facility to hold youth for brief periods of time.

The majority of youth placed at LHS/CLS are from minority groups including African-American, Latino, Asian-American, and Native Americans. In addition, the majority of the youth reside in the more heavily populated counties of the state, particularly from those in the southeastern part of the state (including the counties of Milwaukee, Racine, Kenosha, Rock, and Dane). Despite this, there are also youth from highly rural areas and small towns throughout the state who are placed at LHS/CLS. Since LHS/CLS has residents from all over the State of Wisconsin, it offers a very diverse population for the internship experience. Most youth have long histories of delinquency, and the vast majority perpetrated offenses that involve weapons or offenses against a person, including first degree intentional homicide, first degree sexual assault, assault, battery, armed robbery, and other offenses. There are also youth with significant behavioral problems who have less severe histories of delinquency.

Approximately two thirds of the youth have received mental health services previously, and many of these have experienced inpatient hospitalization for psychological problems. Most youth at Lincoln Hills/Copper Lake have obtained very few high school credits in the community; the average is less than two credits. Additionally these youth had not been attending school regularly in their communities. On average over half of the youth have also previously been placed in special education programs.

Youth at LHS/CLS present with a wide range of diagnoses, including Adjustment Disorder, Major Depressive Disorder, Bipolar Disorder, Intellectual Disability, Attention Deficit-Hyperactivity Disorder, Substance Use Disorders, Anxiety Disorders and Post Traumatic Stress Disorder. Psychotic Disorders, Attachment Disorders, and other diagnoses are also represented among youth in our care and custody. As a correctional training setting, it also yields many opportunities to work with youth who are diagnosed with externalizing behavior problems such as Conduct Disorder, Oppositional Defiant Disorder, Disruptive Mood Dysregulation Disorder, Impulse Control Disorders and emerging as well as existing personality disorders. Because symptoms of mental illness often manifest during adolescence, interns are provided with a unique opportunity to observe a constellation of symptoms that may change dramatically from the time of initial assessment to the time of their release.

## **OVERVIEW OF LIVING UNITS AND PROGRAMS**

Below is a listing of the current LHS/CLS living units, along with their primary treatment program affiliations:

LHS currently has 7 operational living units for boys and youth are categorized by level of risk and need:

- **Addams:** Reception/Intake Unit, which houses all new commits who are adjudicated delinquent in juvenile court or convicted of a felony in adult court. Youth remain in

Addams living unit for approximately 21 days and undergo a period of assessment and evaluation and orientation to the institution policies and programming. Addams also houses sanction or secure detention placements from outside facilities/programs.

- **DuBois:** Houses youth who have been assessed to be low to moderate risk. While housed in this unit, youth receive additional incentives for pro-social behavior and complete primary program needs which may include Juvenile Cognitive Intervention Program (JCIP), the Victim Impact Program, Aggression Replacement Training (ART), Substance Use Programming (AODA), or Sex Offender Treatment Program (SOTP).
- **Black Elk:** Moderate risk general population unit in which youth complete primary program needs which may include Juvenile Cognitive Intervention Program (JCIP), the Victim Impact Program, Aggression Replacement Training (ART), Substance Use Programming (AODA), or Sex Offender Treatment Program (SOTP).
- **Douglass:** Moderate risk general population unit in which youth complete primary program needs which may include Juvenile Cognitive Intervention Program (JCIP), the Victim Impact Program, Aggression Replacement Training (ART), Substance Use Programming (AODA), or Sex Offender Treatment Program (SOTP).
- **Miller:** Moderate risk general population unit in which youth complete primary program needs which may include Juvenile Cognitive Intervention Program (JCIP), the Victim Impact Program, Aggression Replacement Training (ART), Substance Use Programming (AODA), or Sex Offender Treatment Program (SOTP).
- **Rogers Targeted Intervention Program (TIP):** Unit in which all youth are provided with increased structured programming including Dialectical Behavior Therapy (DBT) and DBT informed Emotion Management curricula, Anger Management and Social Skills Building, in order to improve coping to participate in primary programming.
- **Krueger:** Utilized for restrictive housing placements for youth who have engaged in violent/aggressive behavior within the institution. All youth with a mental health need are assessed by PSU staff to assess suitability for restrictive housing placements.

CLS currently has 2 operational living units for girls:

- **King:** Doubles as the Reception/Intake Unit and as a general population unit where youth complete primary program needs which may include Juvenile Cognitive Intervention Program (JCIP), the Victim Impact Program, Aggression Replacement Training (ART), Substance Use Programming (AODA).
- **Wells:** Doubles as an Intensive (Mental Health) Treatment Unit, for girls identified as having greater levels of mental health need and as a short-term restrictive housing unit for female youth who engage in violent and aggressive behavior within the facility.

## **YOUTH PROGRAMS**

### ***Reception and Orientation Program***

Presently, Addams Living Unit is the reception residence for all newly admitted boys who are placed at LHS. Newly admitted girls are placed in the King Living Unit of CLS. During reception and orientation, youth are assessed and evaluated by program staff. The results of a comprehensive interview of each youth, testing, observation, and a review of his/her history are utilized to generate a report which outlines his/her treatment or program needs and guides

his/her placement onto a particular living unit and into specific treatment programming tracks. Medical, dental, educational, and career assessments are also performed at this time, along with a preliminary mental health screening by Psychological Services staff.

***Aggression Replacement Therapy (ART)***

This evidence-based group is a three-component program that addresses emotional, cognitive, and behavioral issues, through group discussions, exercises, and role plays. The first component, Skill Streaming, is a set of 50 social skills learned through role plays that are designed to enhance pro-social skill levels. The second component, ACT (Anger Control Training), is designed to teach self-control techniques and serves as the anger management portion of the program. The last component, Moral Reasoning, exposes youth to a series of moral dilemmas and, through group discussion, advances a youth's moral reasoning capability. Program delivery consists of simultaneously teaching one lesson in each of these three components each week in a closed group format. This program is 10-12 weeks.

***Dialectical Behavior Therapy (DBT)***

Many of the youth at LHS/CLS display difficulty regulating mood, tolerating distress and effectively navigating interpersonal relationships. As a consequence many of the youth engage in high risk behaviors, such as non-suicidal self injury and experience periods of hopelessness which leads to suicidal ideation. Dialectical Behavior Therapy (DBT) is an evidenced based treatment for these symptoms and is employed to treat youth experiencing these difficulties at LHS/CLS. DBT and DBT informed groups are provided as the primary form of treatment to youth in Rogers Living Unit, in order to increase coping for participation in primary programming. DBT is also offered in both individual skills teaching and group form to CLS and LHS youth with the goal of reducing self-injurious behavior and increasing mindfulness and distress tolerance skills.

***Juvenile Cognitive Intervention Program (JCIP)***

Through the group process, JCIP motivates participants to assume responsibility for changing their anti-social thinking and behaviors. The primary focus is to assist youth in building skills that will increase impulse control while reducing the number and severity of rule and law violations. During Phase 1, participants are asked to identify their particular cycle of thinking and to explore how their thinking supports criminal behavior. Phase 2 teaches a five-step problem solving process that will assist in fostering pro-social behaviors. The youth are then expected to apply these concepts in their structured daily living. By working closely with the treatment team on their Individual Case Plans, participants in this program are given the opportunity to establish patterns of success and achievement. They have the opportunity to understand the impact their crime had on their victims, accept responsibility for their actions, and demonstrate emotional and behavioral stability. For youth who have completed both JCIP phases, a Families Count session is held where family members are invited to CLS and LHS to learn JCIP concepts their youth has learned and is applying. There is also a discussion with parents on past regrets, current challenges, and a commitment to future changes. Upon returning to the community on supervision, the agent may administer a third phase of JCIP called Challenges to encourage and support the youth's application of JCIP concepts to everyday situations

***Substance Use Disorders (SUD) or AODA Program***

This is a sixteen-week, closed ended program designed to provide a safe, secure, and supportive environment for delinquent adolescent youth to effectively address their identified substance abuse issues as well as other individual goals. Through a primarily education-based model (Seeking Safety), adolescents are provided the opportunity to make positive lifestyle changes and to be better prepared to lead a life free of crime and chemical abuse. Areas of emphasis include self-assessment, group awareness, alcohol and drug educational awareness, relapse prevention, responsible thinking, and advanced therapeutic skills for internalizing and applying concepts. Trauma Informed Care (TIC) is also emphasized in this program.

***Sex Offender Treatment Program (SOTP)***

Youth adjudicated for a sexual offense undergo risk assessment and may be assigned to the Sex Offender Treatment Program (SOTP). The program works with perpetrators of sexual assault against children and against adults. The program includes many youth for whom sexual assault is one offense in a long and varied history of delinquency. Currently, the SOTP utilizes a three part program, beginning with Juvenile Cognitive Interventions Program (JCIP), which develops a number of cognitive skills. Following JCIP is Core A, which deals with the sexual misconduct, applying what they learned in JCIP. Finally, youth are assigned to Core B, where they address cognitive distortions and pro-offending beliefs, disclose and process their offense including contributing thoughts, emotions and unmet needs, as well as address victim empathy/victim impact and re-offense prevention.

There is not a dedicated treatment program for female youth with sex offense charges, since there are so few of these youth placed at CLS at any given point in time, and there is no professional consensus regarding an appropriate group treatment approach for juvenile females with sex offense histories. Subsequently, these issues are addressed as a part of individual psychotherapy sessions for these youth.

Youth committed for applicable sexual offenses are reviewed prior to release to determine if they meet the criteria for an involuntary commitment under Chapter 980 of the Wisconsin State Statutes. This law provides for involuntary commitment of sex offenders who have a mental disorder that predisposes them toward future acts of sexual violence. Psychologists and interns assigned to the SOTP are actively involved in the decision-making process regarding which youth are appropriate for referral under the provisions of Chapter 980.

***Victim Impact Program (VIP)***

The Victim Impact Program (VIP) offers an educational curriculum that emphasizes victims' rights and creates an awareness of the harmful effects of crime. The program helps youth to understand that all crime negatively affects the lives of individuals physically, emotionally, psychologically, and/or financially. VIP consists of 13 units, built around 10 core crime topics: property crime, assault, robbery, hate and bias, gang violence, sexual assault, child abuse and neglect, domestic violence, drunk and impaired driving, and homicide. VIP is presented through various activities including, but not limited to, small group and individual activities, assignments, daily journals, discussion, short videos, and guest speaker presentations, which include survivors

and professionals who work with victims. These presentations serve as strong, personal reinforcement of the negative impact of crime on its victims and the community.

VIP encourages the participants to understand the redemptive qualities of restorative justice. In an effort to utilize the unique skills and talents of the various classifications of employees throughout the institution, facilitators have been recruited from the ranks of teachers, teacher assistants, social workers, program assistants, youth counselors, and supervisors. Principles of Motivational Interviewing and Social Learning Theories are integrated in VIP as means to engage youth in the program.

### ***Mental Health Treatment Programs***

Approximately 75% of youth at LHS/CLS have been assessed to have a mental health need. Additionally, many youth have significant behavior problems and have difficulty stabilizing long enough to participate in and benefit from traditional types of intervention.

For male youth, we have access to a 29 bed intensive mental health treatment unit (used exclusively by youth transferred from LHS) at the Mendota Juvenile Treatment Center (MJTC). MJTC is a hybrid correctional/mental health program operated by the Wisconsin Department of Health Services on the grounds of Mendota Mental Health Institution in Madison, Wisconsin. If male youth admitted to LHS exhibit mental health issues which seem to exceed the level of services offered at LHS, or which make them unable to be successful in regular treatment programming at LHS, psychological staff at LHS can refer a youth for transfer to MJTC for more intensive mental health treatment.

For female youth who are admitted to CLS with pronounced mental health issues, they can be referred to the Wells living unit of CLS for more intensive treatment programming.

### ***Female Treatment Programs***

There are two living units for the female youth at CLS. These units provide the same overarching treatment programs as the boy's school, but have also continued many of the treatment approaches previously utilized at Southern Oaks Girls School, which incorporate gender-responsive, evidence-based, and trauma-informed principles. Examples of the programs offered include Dialectical Behavioral Therapy (DBT), Juvenile Cognitive Intervention Program (JCIP), Aggression Replacement Therapy (ART), Victim Impact Program (VIP) and others.

### ***Educational Programs***

CLS and LHS strive to provide educational services that meet the varied needs of students, including middle school, senior high, special education and graduates. Youth are able to earn a traditional high school diploma or a High School Equivalency Diploma (HSED). The opportunity to offer education in a year round format enables students to earn credits more efficiently and allows them to continue their education without any interruptions in continuity. The educational opportunities offered focus around meeting each youth's specific needs. As soon as youth arrive in the reception living unit, they begin their educational programming. All students are assessed using the STAR Renaissance Reading and Math program to collect accurate data, which aids in

their educational planning. Students also complete the Daniel Memorial Independent Daily Living assessment to begin their transition planning as early as the day they enter the institution. LHS and CLS educational staff provide a high level of service for youth who qualify for special education services and have an Individual Education Plan (IEP). LHS and CLS are well-equipped to help these youth with a full-time School Psychologist and many dually certified special education staff.

### ***Career and Technical Education***

Presently we offer career and technical education programs including business, pre-engineering, greenhouse, welding and construction. Youth also have access to programs which assist them in career development and in the development of independent living and family-related skills. The Employability Skills Program (ESP) includes classes and programs that facilitate independent and/or career skills. The education programs also involve work experiences in food service, business, grounds keeping, and laundry. A significant number of youth work at LHS/CLS.

### ***Cultural Program Services***

As opportunities arise, Cultural Program Services are provided for a culturally diverse population. Youth of all ages are encouraged to participate, and all programs are open-ended. Services are available through the efforts of volunteers, contracted individuals, and linkages with various community-based organizations. LHS and CLS also contract with the Great Lakes Inter-Tribal Council to provide services that engage youth in Native American cultural events, history, culture, spiritual life classes, and teach youth Native American skills and crafts. The Council also trains facility staff on Native American issues.

### ***Other Programs***

There are numerous other programs at LHS/CLS. These include religious opportunities and programming, foster grandparents and experiential recreational activities (e.g., high and low ropes courses), etc. Other educational programs include environmental education, parenting education, and a variety of other specialized educational programs. The education department also offers recreational sports activities in a wide range of areas, which even includes an interscholastic sports program in basketball (where the LHS basketball team competes against the high school teams of several nearby communities). Also emphasized is the Positive Behavior Intervention and Supports (PBIS) model. PBIS is a systematic approach to encourage proactive and school-wide behaviors based on a Response to Intervention (RTI) model.

## **OVERVIEW OF THE PSYCHOLOGICAL SERVICES UNIT**

The purpose of the Psychological Services Unit (PSU) is to provide psychological services to the residents of LHS/CLS and to provide consultation and advice to staff and administration regarding mental health, psychological disorders, and treatment issues. The services provided include psychological evaluation and assessment, individual, group, and family therapy, and consultation. The Psychological Services Unit is dedicated to the use of evidenced based practices to improve the functioning and the lives of those in our care and custody, as well as providing effective training to aspiring psychologists.

Psychiatric services are available through the Health Services Unit (HSU). Psychiatric services include psychiatric assessment, consultation, and prescribing and monitoring the use of psychotropic medication. PSU staff refer youth to HSU for these psychiatric services and regularly attend multi-disciplinary staffings for youth who are treated with psychotropic medications.

Each staff psychologist is assigned to one or more living units and provides consultation to living unit staff regarding treatment approaches. Psychologists regularly attend living unit team meetings and are generally available for consultations with individual members of living unit teams. PSU staff also provide a variety of ongoing mental health trainings to staff including ethics, adolescent development, suicide prevention, Dialectical Behavior Therapy, Trauma Informed Care and diversity. Staff psychologists are also “on-call” outside of work hours to provide consultation to staff and crisis services to youth.

### **PSYCHOLOGICAL SERVICES UNIT STAFF**

#### ***Training Supervisors***

- **Tracy Johnson, Psy.D.**, Psychology Manager, Division of Juvenile Corrections
- **Melissa Parrent, Psy.D.**, Psychologist Supervisor & Internship Training Director, Lincoln Hills School/Copper Lake School
- **Cynthia Bainbridge, Ph.D.**, Licensed Staff Psychologist, Lincoln Hills School/Copper Lake School
- **Cassandra Jennings, Psy.D.**, Licensed Staff Psychologist, Lincoln Hills School/Copper Lake School

#### ***Psychological Services Staff***

- **Aryssa Washington, Ph.D.**, Psychological Associate, Lincoln Hills School/Copper Lake School
- **Luke Severt, M.S.E.** Psychological Associate, Lincoln Hills School/Copper Lake School
- **Karyn Mehringer, M.A.** Psychological Associate, Lincoln Hills School/Copper Lake School
- **Victoria Sebranek, M.A.** Psychological Associate, Lincoln Hills School/Copper Lake School
- **Alexandria Gates, B.S.** Psychological Services Assistant, Lincoln Hills School/Copper Lake School
- **Debbi Koch**, Office Operations Associate (OOA), provides administrative support to the Psychological Services Unit.

### ***Affiliated Staff***

- **Juan Fernandez, M.D.**, Psychiatrist (Board Certified) (Provides on-site psychiatric consultation to LHS youth one day per week)

### **HISTORY OF THE INTERNSHIP**

The LHS/CLS Internship in Health Service Psychology is an extension of the professional psychology internship program which began in September 1991 at Ethan Allen School, in Wales, Wisconsin. This internship became a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) in 1992. The Ethan Allen School (EAS) Psychological Services internship was granted full accreditation by the American Psychological Association (APA) effective June 27, 1995.

When it was announced on March 1, 2011, that two of the three juvenile correctional facilities in Wisconsin (including Ethan Allen School) would be closed a plan was put together for relocating the internship program from EAS to LHS/CLS. This plan was approved in April of 2011 by the Executive Committee of the APA Commission on Accreditation.

During the past 10-15 years, the population at juvenile institutions has become increasingly diverse, particularly in regards to the age of offenders and length of commitment for offenses. LHS/CLS continues to work primarily with juveniles, but young adults are also now committed here. The need for effective mental health services in this changing context is great. LHS/CLS and the Wisconsin Division of Juvenile Corrections are committed to meeting that need. The development of the EAS internship program and the continuation of the internship at LHS/CLS reflect that commitment, as well as the commitment to training competent correctional psychologists.

### **INTERNSHIP MISSION AND TRAINING PHILOSOPHY**

The mission of the Internship in Health Service Psychology at LHS/CLS is to provide effective training to aspiring psychologists, which considers developmental level, individual and cultural diversity, training interests and strengths, in order to develop profession-wide competencies. We strive to further the field of correctional psychology by training interns to provide effective treatment to adolescents and young adults within a correctional setting in a manner that is consistent with APA Ethical Principles and Code of Conduct. By developing competent correctional psychologists, our internship program aims to increase youth competencies through effective clinical intervention, to support the overall mission of the Division of Juvenile Corrections.

Given the broad range of clinical disorders and presentations of the youth at LHS/CLS, interns will have considerable exposure to the areas of differential diagnosis, clinical interviewing, crisis management, suicide and violence risk assessment and formal psychological assessment. The intent is to help developing psychologists become proficient in profession wide competencies while also gaining specialized skills related to correctional practice and adolescent intervention. The internship program is designed to produce psychologists who are knowledgeable about the

psychological implications of juvenile delinquency and criminal behavior. This includes preparing interns to work effectively as mental health professionals at a more systemic level with the families of such individuals and with other important systems or jurisdictions.

LHS/CLS is committed to the philosophy that psychological practice should be based on the science of psychology which is influenced by the professional practice of psychology. We are grounded in the practitioner-scholar model and believe interns should receive training that integrates research and clinical experience. Rather than the production of original research, this model of training emphasizes the development of professional competencies that are based on current research, scholarship, and practice. "Scholar" is here defined as a practitioner who is always reading, learning, and developing in order to maintain and/or increase his or her competence in whatever professional roles he or she undertakes. Thus, psychology interns are urged to critically evaluate current theory, research, and practice when approaching their clinical tasks.

The interns are expected to utilize evidenced-based practices in their assessments and interventions. They are exposed to these practices through didactic seminars, and they are clinically guided in implementing these practices through group and individual supervision. They are encouraged to scientifically review and critique the current literature that is relevant to our diverse and challenging population and are given opportunities to attend professional training and conferences on the evolving research base. Our ultimate goal is to support and assist the intern in learning how to act competently, respectfully, ethically, and to be empathetic in the delivery of mental health services. This includes becoming aware of the cultural and individual diversity of the clients being served, as well as how their own individual or cultural identity may influence their treatment of youth.

The need for training to be graded in complexity, sequential, and cumulative is viewed as vital to the overall development of the intern's professional identity. The intern progresses from initially being closely supervised and monitored, to gradually developing into a more autonomously functioning professional, able to manage more clinically complex cases. Training begins with a three week orientation that introduces interns to policies and procedures that govern the DOC, as well as DJC specific policies and procedures. The orientation period includes a security training in Principles of Subject Control (POSC), New Employee Training and a thorough orientation to the Psychological Services Unit, the internship and ethical practice and documentation. During the orientation period, supervisor and rotation assignments are provided and interns spend the first few weeks acclimating to the institution grounds and the Psychological Services Unit (PSU). Clients are gradually introduced and interns complete shadowing of supervisory psychologists and rotation supervisors. During the third week of training, interns interview their first therapy clients which are worked into their schedule over the following month and are observed by a training supervisor at least twice in a therapy session within the first 1-2 months. Interns also request consent and assent for tape recorded sessions and present these in supervision. By the end of the third week of training the intern is also assigned his/her first assessment case and reviews the file with their assessment supervisor before beginning.

Based upon rotation schedules interns initially observe group facilitation, then gradually participate as a group co-facilitator and then move toward primary facilitation with supervision. For all interns, but primarily those in the Reception/Triage and Restrictive Housing rotations, there will be training in suicide and violence risk assessment, followed by shadowing of supervisors and then supervision of more independent practice. By the 3rd quarter interns may progress to completing more complex risk assessments and psychological evaluations. During third quarter, interns can begin leading and/or developing their own counseling or psycho-educational groups. This is also the time period where interns selecting the Program Development and Evaluation Rotation may be assigned this rotation, to ensure adequate understanding of institution and youth needs. By the 4th quarter, interns are fairly autonomous and increasingly independent. Intern progression depends upon prior experience, interests and strengths. Each individual intern might require or desire more experience and/or supervision in different areas. Interns are encouraged to pursue these interests through training and consultation or development of initiatives that serve unmet client needs, including targeted treatment or skills groups or training of other professionals.

### **INTERNSHIP TRAINING AIMS AND COMPETENCIES**

In alignment with its Mission and Training Philosophy, the internship seeks the following three aims with competencies that are central to the practice of professional psychology.

1. To train practitioners in theories and methods of psychological assessment and intervention that are empirically supported and grounded in scientific research, in order to promote youth competencies. The following goals and competencies align with this aim:
  - a. **Research and Scholarly Activities:** Interns will demonstrate the professional skills, abilities and knowledge to critically evaluate, translate and apply research to clinical practice. Interns shall demonstrate skills that are commensurate to Intermediate level to Independent Skill level.
    - i. Demonstrates knowledge of scientific foundations of psychology including human development and empirically supported assessments and interventions.
    - ii. Demonstrates an ability to evaluate and present research or other scholarly activities in the context of a case conference, presentation to other professionals, or in a publication.
    - iii. Demonstrates an ability to critically evaluate and apply empirically validated research to their clinical practice.
    - iv. Demonstrates familiarity with their primary theoretical orientation in conducting therapy, including its strength and limitations.
    - v. Demonstrates knowledge of literature related to the interns primary theoretical orientation.
    - vi. Demonstrates skill in integrating and critically evaluating relevant theoretical perspectives to fit the individualized client needs.
  - b. **Evaluation and Assessment:** Interns will demonstrate professional skills, abilities, and knowledge required to competently conduct psychological evaluations and

assessments. Interns will demonstrate skills that are commensurate to Intermediate level to Independent Skill level.

*Evaluation:*

- i. Demonstrates skill in clinical / diagnostic interviewing.
- ii. Uses appropriate behavioral observation skills in evaluation process.
- iii. Uses observation skills in assessing and describing mental status.
- iv. Uses multiple sources and methods to collect relevant data appropriate to the referral questions and assessment goals.

*Assessment:*

- i. Demonstrate skill in administering, scoring, and interpreting Intelligence tests.
- ii. Demonstrate skill in administering, scoring and interpreting objective personality tests.
- iii. Appropriately selects additional assessment procedures.

*Report Writing:*

- i. Formulates appropriate diagnosis using DSM-5.
- ii. Writes integrated Psychological reports.
- iii. Guards against decision-making biases in formulating conclusions and interpretations; distinguishes subjective from objective aspects of the evaluation.
- iv. Uses evaluation/assessment data to answer referral questions and make appropriate treatment recommendations in reports.

- c. **Case Conceptualization and Intervention:** Interns will demonstrate professional skills, abilities and knowledge required to implement effective and empirically supported interventions. Interns shall demonstrate skills that are commensurate to Intermediate level to Independent Skill level.

*Formulate Treatment Plans:*

- i. Demonstrate the ability to develop evidence-based intervention plans specific to the service delivery goals.
- ii. Involves client in formulation of treatment goals and objectives.

*Intervention Process:*

- i. Uses listening and communication skills with a client to implement interventions (individual, group, or both) informed by the current scientific literature, assessment findings and contextual variables.
- ii. Demonstrate the ability to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking (psychotherapeutic flexibility).
- iii. Demonstrate the ability to evaluate intervention effectiveness, and adjust intervention goals and intervention methods (ongoing evaluation).
- iv. Demonstrates application of theoretical knowledge and relevant research literature to clinical decision making.
- v. Effectively times therapeutic interventions.
- vi. Identifies her or his own emotional reactions and handles them appropriately in the provision of psychotherapy.
- vii. Termination: Appropriately terminates mental health treatment with clients in individual or group treatment.

- viii. Conceptualizes and understands group dynamics.
  - ix. Skill in assessing, managing and de-escalating crises situations.
  - x. Skill in conducting suicide and violence risk assessment and identifying appropriate intervention.
2. To train providers to practice ethically within a broader system of care requiring effective collaboration and consultation with various stakeholders and professionals. The following goals and competencies align with this aim:
- a. **Ethical And Legal Standards:** Interns will demonstrate professional skills, abilities, and knowledge of ethical and legal standards of practice. Interns shall demonstrate skills that are commensurate to Intermediate level to Independent Skill level.
    - Ethical Standards*
      - i. Demonstrates a working knowledge of APA Ethical Principles and Code of Conduct and other relevant professional standards and guidelines, and acts in accordance with them.
      - ii. Recognizes ethical dilemmas as they arise, and applies ethical decision making processes to resolve the dilemmas.
      - iii. Conducts self in an ethical manner in all professional activities.
      - iv. Fosters ethical behavior among peers and within organizations.
    - Legal Standards*
      - i. Demonstrates a working knowledge of Federal and Wisconsin laws, regulations, and rules governing health service psychology, and acts in accordance with them.
      - ii. Demonstrates a working knowledge of DOC policies, regulations, and rules applicable to health service psychology, and acts in accordance with them.
  - b. **Professionalism:** Interns will demonstrate skills, abilities and knowledge necessary to exhibit professional values, attitudes and behaviors, as well as engage in reflective self-assessment. Interns shall demonstrate skills that are commensurate to Intermediate level to Independent Skill level.
    - Professional Values, Attitudes and Behaviors*
      - i. Behavior demonstrates the values and attitudes of psychology e.g., integrity, deportment, and concern for the welfare of others.
      - ii. Demonstrates timeliness in keeping appointments, commitments, returning messages, attending meetings, sessions and supervision.
      - iii. Demonstrates appropriate autonomy in professional practice in increasingly complex situations.
      - iv. Contributes to internship by providing input to faculty regarding content, and structure of program.
      - v. Actively seeks and demonstrates openness and responsiveness to feedback and supervision.
    - Self-Assessment and Reflective Practice*
      - i. Accurately assesses and identifies personal strengths and areas in need of improvement (on-going self-assessment & completion of Intern Self-Evaluation form).

- ii. Assumes responsibility for meeting intern's identified (in i. above) training needs and goals.
  - iii. Avoids or ameliorates impact of problems or weaknesses by improving professional effectiveness.
  - iv. Demonstrates commitment to maintain and improve self-care and personal well-being.
- c. **Communication & Interpersonal Skills:** Interns will demonstrate professional skills, abilities and knowledge of competent and effective communication and interpersonal skills. Interns shall demonstrate skills that are commensurate to Intermediate level to Independent Skill level.
  - i. Forges cooperative relationships with a wide range of colleagues (e.g., other professionals, supervisors, supervisees).
  - ii. Demonstrates skill in managing difficult communication in a variety of settings (e.g., appropriate disclosure/protection of PHI, feedback to difficult clients, different opinions in multidisciplinary team, case conferences and other professions).
  - iii. Professional communications (oral, nonverbal, and written) are informative, well-integrated, and demonstrate a grasp of psychological language and concepts.
  - iv. Effectively communicates evaluation/assessment results and treatment planning to the patient.
  - v. Actively seeks and openly responds to feedback and supervision.
  - vi. Establishes rapport with clients and communicates both at a professional level and developmental level of the client.
- d. **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will demonstrate professional skills, abilities and knowledge related to consultation and interprofessional/interdisciplinary skills. Interns shall demonstrate skills that are commensurate to Intermediate level to Independent Skill level.
  - i. Demonstrates knowledge of consultation models and practices (e.g., during participation in multidisciplinary meetings, meeting with referral sources).
  - ii. Demonstrates respect for the roles and perspectives of other health care professionals (e.g., during participation in multidisciplinary meetings or contact with psychiatrists or nurses).
  - iii. Demonstrates respect for the roles and perspectives of other (non-health care) colleagues (e.g., while gathering background information or limiting disclosure of private health information to “need to know”).
  - iv. Balances issues of privacy of health care with other staff’s need to know information.
- e. **Supervision:** Interns will demonstrate professional skills, abilities and knowledge required to apply appropriate models of supervision to students in training and early career professionals. Interns shall demonstrate skills that are commensurate to End of Internship level or Independent Skill level.
  - i. Demonstrates knowledge of supervision models and practices through discussions in supervision.

- ii. Demonstrates knowledge of supervision models and practices through peer supervision or direct practice with psychology trainees, or other health professionals.
  - iii. Demonstrates knowledge of ethical and legal responsibilities of supervision and appropriately practices within their level of training.
- 3. To enhance the necessary knowledge and skills for competent practice within a culturally diverse society. The following goals and competencies align with this aim:
  - a. **Individual and Cultural Diversity:** Interns will demonstrate professional skills, abilities and knowledge related to individual and cultural diversity as it pertains to clinical practice and self-assessment. Interns shall demonstrate skills that are commensurate to Intermediate level to Independent Skill level.
    - i. Applies appropriate theories to a client's historical and cultural background.
    - ii. Uses sources and methods of assessment appropriate for the diversity characteristics of the patient.
    - iii. Addresses cultural and diversity issues in reports when relevant to test measures and interpretation.
    - iv. Discusses and modifies treatment approach and treatment goals in light of a client's cultural background (cultural sensitivity) when appropriate.
    - v. Appropriately addresses individual and cultural diversity issues in the context of psychotherapy and patient therapist relationship.
    - vi. Demonstrates understanding of the impact which individual and cultural differences may have on the supervisory relationship and appropriately addresses this when appropriate.
    - vii. Articulates, understands and monitors own cultural identity.
    - viii. Demonstrate the ability to independently apply self-knowledge to working effectively with the diverse individuals and groups encountered during internship.

## INTERNSHIP TRAINING STRUCTURE

### ***Material Resources***

Each intern will have a private office with desk, computer, phone, etc. located in the psychological services area in the school building where he/she can provide individual psychotherapy and psychological assessment. Access to larger meeting rooms is also available as needed to provide services to families or groups. Interns will have access to a variety of testing materials for assessment referrals. A number of instruments can be computer scored and will generate interpretive data. Some testing instruments may require hand scoring and interpretation and interns are responsible for seeking supervision on instruments they have not administered, scored or interpreted. Relevant materials and interpretive texts for assessment instruments are also readily available. Filing, photocopying, faxing, printing, and other clerical services are available through the PSU Office Operations Associate.

### ***Psychological Services Staff & Multi-Disciplinary Meetings***

Interns will attend and participate in selected staff meetings to develop a broader and systemic knowledge of professional issues and problems, to partake in the group decision making process, to contribute to the development of clinical and internship programs, and to partake in ongoing improvement of LHS/CLS psychological services. Interns will also attend weekly Multi-Disciplinary staffings with psychiatry, health services and social services, in order to improve coordination of care for youth who are treated with psychotropic medication. Interns can expect that approximately 25 percent of their training experience will be dedicated to supervision, consultation and training.

### ***Training Didactics and Seminars***

The Lincoln Hills School/Copper Lake School Internship Program, the Wisconsin Department of Corrections Internship Program, and the Mendota Mental Health Institute Internship Program (all APA accredited internships) provide weekly didactics and training seminars on topics relevant to psychologists in training. Training focus on a variety of topics including diversity, assessing NGI, EMDR, Positive Psychology, DBT, Ethics, and Mental Health Law, among many more, which are delivered by professionals with considerable expertise within the field. Interns will attend these trainings in Madison, Wisconsin in conjunction with off-site group supervision. Interns can expect that approximately 25 percent of their training experience will be dedicated to supervision, consultation and training.

### ***Psychological Assessment and Report Writing***

Interns are expected to be proficient in a wide range of psychological assessment techniques by the beginning of the internship year. This includes personality assessment, behavioral assessment, and cognitive assessment. While a solid understanding of assessment and intervention is necessary as a prerequisite for beginning this internship, there will be ample opportunities to refine relevant skills. Interns will utilize and master various psychological assessment instruments, including the MMPI-A, the MACI, the BASC-2, the WISC-IV, the Rorschach, and others. Interns are expected to complete 8 formal integrative psychological assessment and evaluation reports during the course of the training year, utilizing clinical interviews, test data, and a variety of other sources (e.g. teacher/youth counselor input, youth's file history, prior psychological evaluations, public school information, community information from prior placements, interviews with family members, consultation with the psychiatrist, etc.). A full test battery consists of adequately administered interview, projective, objective, and intellectual/cognitive assessment instruments. Interns can expect that approximately 20 percent of their training experience will be dedicated to psychological assessment.

Feedback regarding the assessments will be provided to the youth and, at times, to the treatment team. These are formal assessments in which a specific referral question is addressed via a battery of instruments and a formal report is written summarizing results, conclusions, and recommendations. New interns will receive training regarding the format and procedures for writing these evaluations during their first few weeks at the institution. Supervision of the intern's assessment reports will include feedback on their writing style. It is expected that interns will be challenged to be more concise and improve the quality of their written

psychological reports. It is expected that an intern will complete all the assessments for a specific rotation before beginning another rotation, or completing the internship.

### ***Individual Psychotherapy***

Over the course of the training year, interns will provide both long-term treatment, as well as short-term treatment to youth, depending upon the sentence structure and individual needs of the youth. In order to provide a variety of training experiences, interns will manage a small caseload of 10-20 clients during this year long training rotation. Frequency of treatment is initially determined at intake, based upon the acuity of symptoms and interns will continue to assess diagnoses and symptoms severity over time. Generally, youth are seen every 1-4 weeks for scheduled individual therapy, dependent upon their level of need. Interns are provided with a range of therapy cases, with varying levels of need and in general will spend approximately 10 hours per week or 25 percent of their time in the provision of individual psychotherapy. This includes face to face contact, treatment planning and required documentation.

### ***Rotations***

There are six rotations available in the internship program, of which Interns select four to complete, based upon their goals and training interests. Interns must consult with the Psychologist Supervisor/Training Director regarding their selection of rotations during the first correspondence following Match Day. In these rotations, interns work closely with program or unit/agency staff members, attend meetings as representatives of Psychological Services, provide assessment services, and provide psychotherapy to groups, individuals, and families of youth. Interns can expect that approximately 20 percent of their training experience will be dedicated to their elected rotations.

### ***Reception/Triage/Intake Rotation***

This rotation focuses primarily upon evaluation and triage of the youth sent to LHS/CLS, particularly during their first days/weeks at the facility. This includes completing mental health intake interviews, suicide risk assessments, screening of psychiatric medication requests, and assistance with decision-making regarding which youth are sent to Mendota Juvenile Treatment Center (MJTC) for more intensive mental health treatment. MJTC is a unique treatment program that combines components of a traditional psychiatric treatment hospital with elements of juvenile corrections and is available to a limited number of our male population. A team approach to treatment is utilized in this rotation and the intern is expected to attend weekly team meetings, and to consult with Youth Counselors, teachers, social workers, and medical and psychiatric staff.

### ***General Objectives:***

The role of the intern in this rotation includes evaluation, screening to identify residents who need further psychological services, consultation with living unit staff, crisis assessment of suicide potential and dangerousness to others, and appropriate clinical and/or systemic interventions for crises and emergencies. The intern screens youth new to the institution and helps determine, with his/her supervisor, what precautions need to be taken and what follow-up services need to be provided. The intern helps orient youth to psychological and psychiatric

services and helps to determine which offenders are appropriate to refer for psychiatric consultation or intervention. This includes new placements as well as sanctions and returnees, e.g., youth returned for violation of the rules of supervision in community placements.

*Specific Objectives:*

1. Intake Screenings. Interns in this rotation are expected to complete the initial intake screening of incoming LHS/CLS youth. The intern is expected to learn how to interview youth to assess risk for self-harm, including an understanding of how to conduct a mental status examination and the risk factors for suicide. Interns will also formulate initial diagnostic impression based upon their clinical interview and review of existing records, to determine level of treatment need. Interns will then determine initial referrals, and devise an initial treatment plan for youth assessed at intake.
2. Evaluation and intervention for self-harm. Incarcerated youth are at a greater risk for self-harm than youth in the general population, and youth are at greatest risk in the first 24 hours after arriving at a correctional facility. Each youth in reception is evaluated for risk of self-harm. Youth who score in the critical range are referred to psychological services for further assessment. The intern must learn the LHS/CLS policies and procedures for intervention with suicidal youth, including the system of room checks, observation placements, and psychiatric and supervisory consultation.
3. Develop ability to inform and promote useful psychological services. The intern is expected to help youth become aware of what psychological services can do to help them. There is a possibility of conducting an orientation group that meets to explain what psychological services is, what services are available, and how youth can obtain these services.
4. Crisis Intervention. The intern is expected to assess youth in crisis, determine the level of risk for behavioral problems or mental health issues, and make referrals to the psychiatrist as needed. The intern must be able to evaluate the crisis, apply risk management strategies, and work with the youth in developing an intervention. The intern must also learn to engage collateral sources of support, including family, prior placements, and institution staff.

**Sex Offender Treatment Rotation**

This rotation involves working with youth committed to LHS for sexual assaults. The program works with perpetrators of sexual assault against children and sexual assault against adults. The program is designed to increase accountability and responsibility for sexual offenses, to learn alternative ways of thinking and acting on sexual impulses, and to identify and respond to signs that indicate the potential to re-offend. The sexual assault for many youth in the program is but one offense in a long history of delinquency. Youth committed for applicable sexual offenses are reviewed before release to determine if they meet the criteria for an involuntary commitment under Chapter 980 of the Wisconsin State Statutes. Modeled on mental health commitment statutes, this law provides for the involuntary commitment of sex offenders having a mental disorder that predisposes toward future acts of sexual violence. Interns will observe and then co-facilitate Sex Offender Treatment Group, as well as shadow and complete one Sex Offender

Risk Assessment, as well as participate in Sexually Violent Persons Committee (SVPC), as deemed appropriate.

*General Objectives:* The intern will develop awareness and knowledge of issues in the psychological treatment of sex offenders, advance group and individual psychotherapy skills, participate in a team approach for treating and managing youth adjudicated with a sexual offense along with, often, other criminal acting out behaviors, and gain knowledge of the Wisconsin Sexually Violent Persons Act.

*Specific Objectives:*

1. The intern will become an actively participating member of Sex Offender Treatment Program (SOTP) team. This will be accomplished by attending and participating in team meetings, providing direct psychological services as needed or as requested by staff, and participating in monthly SOTP and SVPC meetings.
2. The intern will attend and participate in group therapy sessions. The intern will become familiar with the policies and treatment orientation of the Sex Offender Treatment Program (SOTP) and should regularly review files and group notes to gain an understanding of what phase of treatment each youth is working on in the group; in particular, for the youth that will be presenting that day. The intern will discuss the group experience in individual supervision with their rotation supervisor.
3. The intern will provide individual psychotherapy for individuals from the SOTP as referred/assigned by the rotation supervisor. This involves assessing the needs/problems of the referred resident via interview, review of the resident's file, and appropriate instruments, preparing a treatment plan for each individual in consultation with the rotation supervisor, gaining an understanding of the etiology of the individual's aberrant sexual behavior, and modifying and adapting psychotherapeutic approaches according to developmental considerations, personality style, and severity of symptoms.
4. The intern will participate in administering and scoring the Revised Juvenile Sex Offender Protocol (J-SOAP-II). The intern will first observe the rotation supervisor and/or other treatment team member administer the instrument. When the intern appears to have a sufficient understanding of the test, they will independently administer and score the test.
5. Assessment and intervention for self-harm. The intern is expected to learn how to interview youth to assess risk for self-harm, including an understanding of how to conduct a mental status examination and the risk factors for suicide. The intern must learn the LHS policies and procedures for intervention with suicidal youth, including the system of room checks, security placements, and psychiatric and supervisory consultation.
6. Crisis Intervention. The intern is expected to assess youth in crisis, determine the level of risk for behavioral problems or mental health issues, and make referrals to the psychiatrist as needed. The intern must be able to evaluate the crisis accurately, work cooperatively with the youth to address the crisis, and seek a resolution.

### **Dialectical Behavior Therapy Rotation**

Many of the youth at LHS/CLS display difficulty regulating mood, tolerating distress and effectively navigating interpersonal relationships. As a consequence many of the youth engage in high risk behaviors, such as non-suicidal self-injury and experience periods of hopelessness which leads to suicidal ideation. Dialectical Behavior Therapy (DBT) is an evidenced based treatment for these symptoms and is employed to treat youth experiencing these difficulties at LHS/CLS. Interns will undergo a training period in DBT and will then observe and co-facilitate a DBT skills group. After they have been trained in DBT, they may see one DBT client for individual treatment, as well as respond to skills coaching requests and attend DBT consultation meetings.

*General Objective:* The intern will enhance his or her knowledge about the DBT philosophy and treatment of suicidal and non-suicidal self-injury. The intern will participate in DBT skills groups, meet individually with DBT clients, respond to skills requests and participate in DBT consultation.

*Specific Objectives:*

1. The intern will become familiar with the group process by serving as co-facilitator in the treatment group. The intern will take on more responsibility as time passes in the rotation. The intern will participate in process meetings related to the group process, and help evaluate progress, balance within the group, and better understand secondary functions of behavior and reinforcement of prosocial behaviors.
2. Interns provide individual psychotherapy to some clients in the DBT program. Interns become familiar with the DBT philosophy, schedules of reinforcement, and secondary targets of therapy.
3. Interns will participate in Consultation Team Meetings and increase understanding of the application of DBT, by applying principles to self and members of the team. Interns will increase self-awareness of DBT skills which will improve their effectiveness of treatment with clients and hold a non-judgmental approach toward team members.
4. Assessment and intervention for Self-Harm. The intern is expected to learn how to interview youth to assess risk for self-harm, including an understanding of how to conduct a mental status examination and the risk factors for suicide. The intern must learn the LHS policies and procedures for intervention with suicidal youth, including the system of room checks, security placements, and psychiatric and supervisory consultation.
5. Crisis Intervention. The intern is expected to assess youth in crisis, determine the level of risk for behavioral problems or mental health issues, and respond within the DBT model. The intern must be able to evaluate the crisis and work with the youth in developing an intervention. The intern must also learn to engage collateral sources of support, including family, prior placements, and institution staff.

### **CLS- Girls Treatment Program Rotation**

Many girls and young women who are incarcerated have substantial problems with past abuse, particularly sexual abuse. While post-traumatic stress, sexual abuse, and attachment issues are

readily present in the population of adolescent boys and young men, it is particularly acute with girls and young women. This rotation involves working with the population of female youth placed at Copper Lake School and providing individual, group, and family therapy services. Interns can expect to gain a better understanding of the unique characteristics of juvenile females presenting with serious delinquency concerns (usually also coupled with prominent mental health issues) and exposure to a variety of treatment approaches for working with this population.

*General Objective:* The intern will enhance his or her knowledge regarding differences in the etiology and treatment of juvenile delinquency in females, and develop familiarity with the differing treatment approaches for this population. Interns will be expected to maintain an ongoing caseload of juvenile female clients and to provide psychological testing services as needed.

*Specific Objectives:*

1. Intake Screenings. Interns in this rotation will do the initial intake screening of incoming CLS youth. The intern is expected to learn how to interview youth to assess risk for self-harm, including an understanding of how to conduct a mental status examination and the risk factors for suicide.
2. Interns will provide individual and family psychotherapy to CLS youth and will maintain a caseload of adolescent female clients. Interns will assess the treatment needs of the youth, including areas of emotional and behavioral difficulty. Interns will also conduct 2 psychological evaluations as needed/requested while on this rotation.
3. The intern will become an actively participating member of the interdisciplinary treatment team of psychologists, social workers, teachers, and youth counselors. This will be accomplished by attending and participating in weekly team meetings, providing direct psychological services as needed or as requested by staff, and providing consultation to members of the treatment team.
4. Interns will participate in a variety of other group treatment approaches as applicable. These treatment approaches incorporate gender-responsive, evidence-based, and trauma-informed principles. Interns may co-facilitate these groups as appropriate. Examples of other groups include: Juvenile Cognitive Intervention Program (JCIP), Aggression Replacement Therapy (ART), and others. Similar groups are also offered to the male population of LHS.
5. Assessment and intervention for self-harm. Incarcerated youth are at a greater risk for self-harm than youth in the general population, and youth are at greatest risk in the first 24 hours after arriving at a correctional facility. Each youth in reception is evaluated for risk of self-harm, and youth who score in the critical range are referred to psychological services for further assessment. The intern must learn the CLS policies and procedures for intervention with suicidal youth, including the system of room checks, security placements, and psychiatric and supervisory consultation.
6. Crisis Intervention. The intern is expected to assess youth in crisis, determine the level of risk for behavioral problems or mental health issues, and make referrals to the psychiatrist as needed. The intern must be able to evaluate the crisis and work

with the youth to create an intervention. The intern must also learn to engage collateral sources of support, including family, prior placements, and institution staff.

### **Restrictive Housing Rotation**

Due to emotion regulation difficulties and high aggressiveness, youth are at times transferred to our Restrictive Housing Unit (RHU). While in RHU, youth have restricted property and restricted/structure time out of cell. Due to increased restrictions, and at times a reduction in coping, youth may require additional services in RHU from PSU. PSU staff complete rounding on the unit daily to address any mental health needs, as well as meet with youth recently placed in RHU, to assess mental health needs and any potential contraindications to a RHU placement. RHU psychology staff also complete observation reviews for youth on suicide precautions. The RHU rotation includes shadowing the rotation psychologist and other relevant staff on each of these tasks, and moving toward autonomous completion of these assessments over time, in consultation with their supervisor. The RHU intern is also expected to attend team meetings to assist in devising Behavior Management Plans for youth in RHU with mental health needs.

*General Objective:* The intern will enhance his or her knowledge and understanding of the impact of restrictive housing on mental health needs. Interns will increase limit setting abilities and maintain appropriate boundaries. Interns will gain experience in completing Behavioral Management Plans and completing assessments to determine mitigating mental health factors or contraindications to RHU placements for youth with a mental illness.

#### *Specific Objectives:*

1. Restrictive Housing Rounds. Interns in this rotation will shadow and then complete Restrictive Housing Rounds independently, in order to address the mental health needs of our restrictive housing population. Interns will complete Brief Mental Status Exams on youth new to RHU and determine whether a contraindication to continue RHU placement may exist and follow institution policy in communicating this to the multi-disciplinary team.
2. Interns will complete suicide risk assessment with youth on suicide precautions. They will become familiar with the policies and procedures of assessing youth safety and placing and progressing youth on suicide precautions. They will shadow the rotation psychologist on assessments of suicide precaution, moving toward independence over time. They shall consult their supervisor prior to any changes to property or suicide precaution.
3. The intern will become an actively participating member of the interdisciplinary treatment team of psychologists, social workers, teachers, and youth counselors. This will be accomplished by attending and participating in weekly team meetings, providing direct psychological services as needed or as requested by staff, and providing consultation to members of the treatment team.
4. Interns will assist in assessing the function of behaviors of youth in RHU in order to devise and implement Behavior Management Plans. Interns will consult with staff and the rotation psychologist regarding necessary changes to the Behavior

Management Plan in order to increase behavioral compliance to return to general population cottage.

### **Program Development and Implementation**

There are a wide variety of opportunities at LHS/CLS for the development of effective therapeutic groups. During this rotation, Interns will select an area of interest and develop a program to address the mental health needs of our youth population. Interns will complete a proposal which will include a needs assessment, research supporting the utilization of the therapy and a procedure for client selection (inclusion and exclusion criteria) and implementation. After the proposal has been approved by the Psychology Supervisor and the Psychology Manager, the intern will implement the proposed therapy group and complete pre and post measures to assess effectiveness. Interns will most often complete this rotation in the second half of their internship year.

*General Objective:* The intern will enhance his or her knowledge of conducting a needs assessment and evaluating research relevant to the implementation of a specific therapy model or group. Interns will gain experience in writing a proposal and completing outcome measures, necessary items of program development. Finally, interns will have the opportunity to implement and facilitate a group/therapy model and evaluate the outcome.

#### *Specific Objectives:*

1. Interns will learn how to complete a needs assessment and use this to fuel a program development proposal, in order to obtain support and resources from administrative staff on the benefits and needs of the proposed treatment.
2. Interns will improve research evaluation skills and have an opportunity to evaluate other therapy programs for effectiveness. Interns will use their research to guide a program proposal where they will identify inclusion and exclusion criteria, group size, mode of facilitation and a procedure for implementation, as well as proposed curriculum for their group. Interns will enhance their skills of curriculum development.
3. The intern will gain experience with other facilitation or co-facilitation, depending upon level of development during the implementation phase of this rotation. Rotation supervisor will either observe or co-facilitate the group and offer constructive feedback on group process.
4. Interns will develop skills in program evaluation by means of obtaining outcome data. Interns will present on their pre and post measures during group supervision and discuss the utility of their program and any improvements or changes they would make, from analyzing their outcome data.

### **Supervision**

The LHS/CLS Psychological Services Unit is committed to productive and effective supervision of interns. Supervision guides the interns' professional development and enhances their philosophy and practice. The intern supervisors are Wisconsin-licensed, doctoral-level psychologists in good standing and, in compliance with current licensing standards, and are qualified to provide the

supervisory oversight in the specific areas in which they provide supervision. Supervision is provided at a minimum of four hours per week. Interns can expect that approximately 25 percent of their training experience will be dedicated to supervision, consultation and training.

### **Individual Supervision**

Interns are expected to participate in two hours of formal individual supervision each week. The intern is responsible for scheduling individual supervision appointments with the appropriate supervising psychologist. During each quarterly rotation, interns will be assigned an Individual Supervisor and a Rotation Supervisor. Individual Supervisors will be primarily responsible for reviewing assigned therapy cases and assessments, whereas the Rotation Supervisor will oversee aspects of the assigned rotation. Additional informal supervision is provided within specific rotations and as requested or needed. Interns' offices are in close proximity to supervisors and timely informal supervisory consultations are frequent and welcome.

### **Group Supervision**

Interns are expected to participate in two hours of group supervision each week. Group Supervision will be held off-site in Madison, Wisconsin in conjunction with weekly didactic trainings. Both interns and supervisors are able to select topics for group supervision. Group supervision covers topics brought up throughout the individual rotations, and it is an essential aspect of the rotation system. Interns are expected to present a number of cases throughout the year and will generally present cases on a rotating basis. Group Supervision is an important aspect of training. Group supervision provides a meeting forum where interns can exchange views and experiences, and build their peer relationships. It also serves as a group experience that can foster individual and professional growth and development.

### **On-site supervisor's responsibilities**

The on-site supervisors are responsible for:

1. Introducing the intern to the site, such as notifying and introducing administrative staff, orientating the interns to both their site (such as providing tours) and to essential security procedures and responsibilities.
2. Introducing the intern to available equipment, assessment instruments, and reference material for the interns to meet their clinical responsibilities.
3. Ensuring that interns are held to the same work hour and rule standards as other DOC staff, employing the appropriate department disciplinary processes should the need arise.
4. Assessing the intern's clinical practice needs; setting training and supervisory goals; overseeing the content and quality of the training; and ensuring compliance with professional and the Department of Corrections standards, policies and procedures.
5. Designing and supervising the intern's clinical experiences, taking the intern's skills and internship goals into consideration while making appropriate assessment and therapy assignments and providing organizational experiences. The supervisor must be sufficiently familiar with the intern's caseload so that intervention is possible in the event of an intern's absence or a crisis.

6. Providing the intern with on-site access to other Psychological Services' staff in the event of the supervisor's absence. It is inappropriate for an intern to conduct clinical duties on-site without licensed staff available.
7. Complying with applicable professional, ethical and license practice standards.
8. Helping the intern:
  - i. Learn to document explanation of the limits of confidentiality within or outside DOC.
  - ii. obtain informed consent for treatment or assessment, and authorization to make audio or video recordings of sessions for supervisory purposes.
  - iii. Obtain releases of "Personal Health Information" to gain authorization for collateral contacts, and gather assessment and diagnostic information from outside sources.
  - iv. Write and explain treatment plans, progress notes, assess client progress, and consult with health and non-health professionals, write a termination summary, and document aftercare plans in preparation for service interruption or the youth's release into the community.
9. Informing interns about the supervisor's theory of supervision, the areas of their supervisor's competence, and the criteria used to evaluate the intern's performance. This includes information about how the intern's practices will be observed (e.g., audio, video and direct), what the interns responsibilities are, and the guidelines used to assess their competence. Interns will also be provided and informed about schedules for supervision, limits of confidentiality within the supervisory process, and the due-process resolution of intern/supervisor conflicts.
10. Providing appropriate feedback to the intern, other supervisors, and the Training Director.

\* A copy of department work rules and an explanation of the disciplinary processes is provided to each intern during orientation week.

### **Supervision Documentation**

Each intern and intern supervisor will be responsible for maintaining systematic documentation of the dates of supervisory meetings, cases discussed, supervisory direction, and feedback to the intern. The on-site supervisor is responsible for completing the *Supervisor's Evaluation of Intern Competencies Form*. The intern is responsible for completing the *Intern Evaluation of Supervisor Form*.

### **EVALUATION OF INTERNS AND THE INTERNSHIP EXPERIENCE**

Interns are expected to participate fully in the evaluation process. Interns and supervisors will complete written evaluations following the completion of each rotation experience. Interns shall complete an evaluation of both their Individual Supervisor and Rotation Supervisor. Similarly each intern will receive evaluations at the end of each rotation from their Individual Supervisor and their Rotation Supervisor. A final evaluation form is to be completed by each intern and submitted to the Psychologist Supervisor during the last week of the internship. Informal evaluation input may be discussed in group supervision with training supervisors in order to

consider solution focused feedback for improvements to the internship program. In addition to the written evaluations, each intern will be provided with ongoing feedback from supervisors regarding skill and knowledge development in assessed competency areas.

***Intern's Evaluation of Supervisor and Internship Training Director***

Interns present their Individual and Rotation Supervisors with a formal evaluation of their site experience and the supervisory process at the end of every three month rotation period using the *Intern Evaluation of Supervisor Form*. This supervisor-site evaluation is used to evaluate strengths and weaknesses of the supervision experience, and provide interns an opportunity to evaluate their response to the supervision process. The assessment evaluates the on-site supervisor in terms of helpfulness in increasing the intern's competence in the areas of assessment, interventions (individual, group, and family), and consultation, as well as characteristics of the professional relationship that are key to the intern's professional development. Copies of the forms are forwarded to the Internship Training Director for filing.

The intern is encouraged to discuss any site-specific issues and concerns with the training supervisors whenever possible. When discussing issues or concerns with the training supervisor directly is impractical, the intern is encouraged to discuss them with the Internship Training Director or any member of the Internship Committee of training supervisors. Attempts are made to negotiate and work out differences and conflicts so that interns can focus on learning and developing competence as a professional psychologist. If the issues and concerns are significant enough, a change in rotation may be implemented.

The Internship Training Director will be evaluated every six months using *Intern Evaluation of Training Director Form*. If an intern's concerns cannot be addressed this way, the intern may bring them to the attention of the Internship Committee by contacting a member of the committee directly, or through a confidential contact such as their on-site supervisor. Prior to leaving the internship program, the intern participates in a written or in-person exit interview (*End of Year Intern Feedback Form*). These evaluations are essential to maintaining the quality of supervision and in selecting future on-site supervisors.

***Supervisor Evaluation of Intern***

The Internship Training Director consults with training supervisors on an ongoing basis to identify early signs of areas in need to significant skill development or other concerns. Both Individual and Rotation supervisors shall rate the interns at the end of each training rotation, at least every three months, (more often if necessary) on their progress in each of the nine profession-wide competency areas described above in Internship Training Aims and Competencies using *Supervisor Evaluation of Intern Competencies Form*. Interns receive timely and written notification of any problems that occur, as well as opportunities to discuss problems with the training supervisor and the Internship Training Director. Both the intern and the supervisor review and sign the evaluation forms. The intern receives a copy and a signed copy is sent to the Internship Training Director in an electronic version. The intern's School/University Training Director receives copies of the quarterly evaluations.

<b>Not Applicable</b>	This is not an area of development during this rotation/ not applicable / not assessed during training period
<b>Remedial Level</b>	<p>Performance is below expectations for entry to Internship. Intern requires a combination of education, practice and supervised experience in the area.</p> <p><b>Supervisors</b> are more involved than typical, and provide education on competency areas in which interns are lacking. Frequent direct observation, review of audio recordings and feedback is needed while interns expand and apply their knowledge base to the area. A remediation plan is developed for any competencies evaluated at this level.</p> <p><b>Probation</b> should be considered if interns receive more than three such ratings in a competency area on the <i>Supervisor Evaluation of Intern Competencies Form</i> (e.g., Evaluation and Assessment).</p>
<b>Entry Level</b>	<p>Has education in the area and some practice and experience. Standard for entry level interns and intensive supervision needed. By the six-month point, this rating should be uncommon.</p> <p><b>Supervisor's</b> support is routine but intensive and extensive while interns are able to apply their knowledge base to this environment. Supervision consists of direct observation, review of recordings and frequent feedback to support growth and skill development.</p> <p><b>Probation</b> should be considered if interns receive more than three such ratings in an area after the first three months, unless no learning opportunity existed.</p>
<b>Intermediate Level</b>	<p>Has sufficient education, practice and experience, and requires minimal guidance to successfully complete evaluated competency. Area remains a focus of supervision to enhance knowledge or skill to progress to independent practice.</p> <p><b>Supervisor</b> provides supervision of activities that include occasional direct observation or review of audio recordings to support transition to more independent practice. Supervisors provide ongoing feedback to further develop existing skills and support increasing independence.</p>
<b>End of Internship Level</b>	<p>Education, practice, &amp; supervision is sufficient to handle typical items/clients/situations independently, but requires occasional guidance &amp; supervision on more difficult items/clients/situations.</p> <p><b>Supervisor</b> provides general oversight of trainee's activities; depth of supervision varies as clinical needs warrant. The intern is able to use much of supervision time to advance skills in desired areas. Intern's judgment is trusted in seeking supervision for special situations or problems.</p>

<b>Independent Skill Level</b>	<p>Advanced level: Has education, sufficient practice, and supervision to handle both typical and challenging items/clients/situations; knows when guidance and supervision on difficult and atypical items/clients/situations is needed. Competent for independent practice (licensure) in this area.</p> <p><b>Supervisor</b> supports trainee's development; supervision progresses to consultative in nature. The intern uses supervision time to advance skills in advanced or desired areas. The supervisor trusts an intern's judgment to identify special situations or problems in the course of supervision.</p>
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## EXPECTATIONS

Interns are expected by the end of internship, to demonstrate skills, abilities, proficiencies and knowledge that are commensurate to an Intermediate Level to Independent Skill level. When Interns meet all the performance expectations of their supervisor, they are making sufficient progress to achieve or exceed the level of competence expected by the end of the internship. The level of performance needed to meet expectations is graduated, and increases for each quarter of the internship. Thus, a performance level that meets expectations at the end of one quarter will fall below expectations at the end of the next quarter because expectations rise. A place for comments, suggestions for more focused learning, and remediation plans follows each section of the evaluation form to allow the supervisor to explain the ratings and note particular strengths or difficulties. The comments section is an ideal place for supervisors to identify areas in which interns demonstrate competence before the end of the internship.

## Remediation

Training Supervisors check ratings of Remedial level when incoming interns need intensive work to develop a skill or ability to the expected level. Supervisors who give this rating will develop a Remediation Plan (at the end of the appropriate section) along with the intern, and inform the committee of the plan. A modification of the learning contract will be considered. Several of such ratings might mean Probationary Status resulting in modification of the contract, identification and assignment of extra training in the deficient area, or consideration of a change in the rotation and/or supervisor.

Example 1: An intern might be rated at the Remedial level if she or he has WISC-IV experience, but no experience administering and scoring the Wechsler Adult Intelligence Scale, 4th edition. The intern may need extra practice to meet expectations. The Remediation Plan might be to "solicit three volunteers with whom administration and scoring can be practiced."

Example 2: An intern is rated at the Remedial level if she or he persistently makes the same type of significant administration and scoring errors when using the Rorschach Inkblot Test. The intern may need to complete additional reading, practice, and be better prepared to Meet Expectations. The Remediation Plan for this example might be to "study the Exner workbook on Rorschach administration, work through the scoring examples, and solicit three volunteers with whom administration and scoring can be practiced."

Remediation plans are implemented whenever an intern's functioning falls significantly below what is expected at the given point of internship. They are not restricted to ratings of Remedial Level.

***Minimal Requirements for Each Rotation***

Supervisors assign a global rating indicating that the intern has either successfully or unsuccessfully completed the minimal requirements for the rotation. When the rating is unsuccessful, the supervisor or Internship Committee will place the intern on Probation Status. The Training Director will inform the Intern's academic institution. The supervisor, committee, and the intern will develop a remediation plan. Failure to successfully meet the terms of the remediation plan may result in unsuccessful completion of the internship or early termination of the intern's training program.

Example A: An intern is assigned to a rotation where the primary focus is psychological assessment. During the first three months, the intern completes one assessment report based on an interview, objective personality test, and a neuropsychological screening test. No complete batteries are administered. The On-Site Supervisor assigns a global rating indicating that the intern has "unsuccessfully completed the minimal requirements" for the rotation. The Internship Committee may indicate the intern is on "Probation Status."

Example B: An intern assigned to a rotation where the primary focus is psychological assessment, has difficulty writing integrated assessment reports. He or she includes trivial information, assigns inappropriate diagnoses, and there is a poor fit between background information, current functioning, and test data. Reports are very late, and supervisor's suggestions for improvement elicit a minimal response. The On-Site Supervisor assigns a global rating indicating that the intern has "unsuccessfully completed the minimal requirements" for the rotation. The supervisor or Internship Committee would indicate the intern is on "Probation Status." The "Remediation Plan" indicates the intern must remain at the site until the work is satisfactorily completed. Two committee members oversee the intern's progress and independently review the work product.

***Probation Status***

Probation status is a special designation by the Internship Committee that requires formulation of a remediation plan and the modification of the learning contract that pays special attention to the intern's training needs. An intern can be placed on probation status when serious concerns about performance arise.

The process can be initiated:

1. When an on-site supervisor contacts the Internship Training Director because of specific concerns,
2. Based on an early progress review initiated by the supervisor or Internship Training Director, or
3. By the committee at the quarterly review meetings.

The Internship Training Director will then consult with one or more members of the Internship Committee and make a recommendation to the Internship Committee members about placing the intern on probation.

1. The supervisor, (sub) committee, Internship Training Director, and the intern will develop a remediation plan.
2. As part of this process, the Internship Training Director will consult with the Intern's academic institution.
3. Representatives of the committee may be assigned to serve as consultants to the intern and the supervisor.
4. The remediation plan will specify outcomes and dates for satisfactory completion of specific training objectives.
5. The intern will be removed from Probation Status when she or he completes the remediation plan to the committee's satisfaction, and no other serious concerns arise.

Failure to successfully meet the terms of the remediation plan(s) may result in the Internship Committee dismissing the intern from the internship, or indicating the intern has unsuccessfully completed the internship by withholding certification of completion. Under these circumstances, the *Intern Problem Resolution Process* will be available to the intern.

### ***Criteria for Non-Completion***

An intern can fail the Internship Program in two ways. One is administrative; when an intern violates significant state employment work-rules (*see the Employee Handbook*). This process, for the most part, is outside the control of the Internship Committee.

The second way to fail is clinically, i.e., when an intern does not meet the Minimum Level of Achievement established by the Internship Committee. Clinical failure exists when:

1. The intern does not meet the ***Criteria for Completion*** described below,
2. An intern receives global unsuccessful rating in two successive evaluations by both training supervisors,
3. The intern fails to demonstrate ethical practices and adherence to the APA Ethical Principles and Code of Conduct,
4. The intern does not meet provisions of a remediation plan during a probationary period.

The intern's doctoral program is notified in writing of the reasons for non-completion.

### ***Criteria for Completion***

The goal of the internship is to prepare trainees with the basic competence, skill, and self-knowledge to function as an ethical professional who acknowledges the limits and boundaries of her or his areas of competence. Successful completion of the internship is a judgment by supervisors and the Internship Committee that the intern is nearly ready (Intermediate) or ready (End of Internship/ Independent skill) to function as a professional psychologist. The Internship Committee must certify all successful interns as having completed the requirements for the one-year Doctoral Internship in Health Service Psychology. That judgment is made when an intern demonstrates the desired level of competence in all areas of professional practice that we

assess. The tool that measures intern performance is the *Supervisor Evaluation of Intern Competencies Form*. All evaluations of interns, supervisors and training directors are retained indefinitely in order to provide testament to training, provide outcome data and improve internship training.

Provided an intern does not meet any of the Criteria for Non-Completion described above, there are rare occasions when an intern's performance falls below acceptable levels. The following tables describe the minimum level of achievement that must be reached by the end of internship. Failure to achieve these levels across settings will result in failure to pass the internship.

<b>Goal 1. Research and Scholarly Activities</b>
<i>Objective:</i> Interns will demonstrate the professional skills, abilities and knowledge to critically evaluate, translate and apply research to clinical practice.
<i>Competencies</i> <ul style="list-style-type: none"> <li>i. Demonstrates knowledge of scientific foundations of psychology including human development and empirically supported assessments and interventions.</li> <li>ii. Demonstrates an ability to evaluate and present research or other scholarly activities in the context of a case conference, presentation to other professionals, or in a publication.</li> <li>iii. Demonstrates an ability to critically evaluate and apply empirically validated research to their clinical practice.</li> <li>iv. Demonstrates familiarity with their primary theoretical orientation in conducting therapy, including its strength and limitations.</li> <li>v. Demonstrates knowledge of literature related to the interns primary theoretical orientation.</li> <li>vi. Demonstrates skill in integrating and critically evaluating relevant theoretical perspectives to fit the individualized client needs.</li> </ul>
<i>Evaluative Forms Used for Expected Competencies:</i> Supervisor Evaluation of Intern Competencies Form
<i>How Outcomes are Measured:</i> Refer to Supervisor Evaluation of Intern Competencies Form
<i>Minimum level of Achievement:</i> Interns shall demonstrate skills that are commensurate to End of Internship level or Independent Skill level on four of the six assessed competencies. Two of the six competencies may be assessed at Intermediate Level or above.

<b>Goal 2. Evaluation and Assessment</b>
<i>Objective:</i> Interns will demonstrate professional skills, abilities, and knowledge required to competently conduct psychological evaluations and assessments.

**Competencies**

*Evaluation:*

- ix. Demonstrates skill in clinical / diagnostic interviewing.
- x. Uses appropriate behavioral observation skills in evaluation process.
- xi. Uses observation skills in assessing and describing mental status.
- xii. Uses multiple sources and methods to collect relevant data appropriate to the referral questions and assessment goals.

*Assessment:*

- iv. Demonstrate skill in administering, scoring, and interpreting Intelligence tests.
- v. Demonstrate skill in administering, scoring and interpreting objective personality tests.
- vi. Appropriately selects additional assessment procedures.

*Report Writing:*

- v. Formulates appropriate diagnosis using DSM-5.
- vi. Writes integrated Psychological reports.
- vii. Guards against decision-making biases in formulating conclusions and interpretations; distinguishes subjective from objective aspects of the evaluation.
- viii. Uses evaluation/assessment data to answer referral questions and make appropriate treatment recommendations in reports.

*Evaluative Forms Used for Expected Competencies:* Supervisor Evaluation of Intern Competencies Form

*How Outcomes are Measured:* Refer to Supervisor Evaluation of Intern Competencies Form

*Minimum level of Achievement:* Interns shall demonstrate skills that are commensurate to End of Internship level or Independent Skill level for three of the four evaluation competencies, two of the three assessment competencies and three of the four report writing competencies. The remaining competencies must be Intermediate Level or above.

**Goal 3. Case Conceptualization and Intervention**

*Objective:* Interns will demonstrate professional skills, abilities and knowledge required to implement effective and empirically supported interventions.

**Competencies**

*Formulate Treatment Plans:*

- i. Demonstrate the ability to develop evidence-based intervention plans specific to the service delivery goals.
- ii. Involves client in formulation of treatment goals and objectives.

*Intervention Process:*

- i. Uses listening and communication skills with a client to implement interventions (individual, group, or both) informed by the current scientific literature, assessment findings and contextual variables.
- ii. Demonstrate the ability to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking (psychotherapeutic flexibility).
- iii. Demonstrate the ability to evaluate intervention effectiveness, and adjust intervention goals and intervention methods (ongoing evaluation).
- iv. Demonstrates application of theoretical knowledge and relevant research literature to clinical decision making.
- v. Effectively times therapeutic interventions.
- vi. Identifies her or his own emotional reactions and handles them appropriately in the provision of psychotherapy.
- vii. Termination: Appropriately terminates mental health treatment with clients in individual or group treatment.
- viii. Conceptualizes and understands group dynamics.
- ix. Skill in assessing, managing and de-escalating crises situations.
- x. Skill in conducting suicide and violence risk assessment and identifying appropriate intervention.

*Evaluative Forms Used for Expected Competencies:* Supervisor Evaluation of Intern Competencies Form

*How Outcomes are Measured:* Refer to Supervisor Evaluation of Intern Competencies Form

*Minimum level of Achievement:* Interns shall demonstrate skills that are commensurate to End of Internship level or Independent Skill level in the area of Treatment Plans. Interns shall demonstrate skills that are commensurate to End of Internship level or Independent Skill level in six of the ten Intervention Process competencies. The remaining four competencies may be rated Intermediate Level or above.

**Goal 4. Ethical And Legal Standards:**

*Objective:* Interns will demonstrate professional skills, abilities, and knowledge of ethical and legal standards of practice.

<p><i>Competencies</i></p> <p><i>Ethical Standards</i></p> <ul style="list-style-type: none"> <li>i. Demonstrates a working knowledge of APA Ethical Principles and Code of Conduct and other relevant professional standards and guidelines, and acts in accordance with them.</li> <li>ii. Recognizes ethical dilemmas as they arise, and applies ethical decision making processes to resolve the dilemmas.</li> <li>iii. Conducts self in an ethical manner in all professional activities.</li> <li>iv. Fosters ethical behavior among peers and within organizations.</li> </ul> <p><i>Legal Standards</i></p> <ul style="list-style-type: none"> <li>iii. Demonstrates a working knowledge of Federal and Wisconsin laws, regulations, and rules governing health service psychology, and acts in accordance with them.</li> <li>iv. Demonstrates a working knowledge of DOC policies, regulations, and rules applicable to health service psychology, and acts in accordance with them.</li> </ul>
<p><i>Evaluative Forms Used for Expected Competencies:</i> Supervisor Evaluation of Intern Competencies Form</p>
<p><i>How Outcomes are Measured:</i> Refer to Supervisor Evaluation of Intern Competencies Form</p>
<p><i>Minimum level of Achievement:</i> Interns shall demonstrate skills that are commensurate to End of Internship level or Independent Skill level for three of the four Ethical Standards competencies and one of the two Legal Standards competencies. The remaining competencies must be Intermediate Level or above.</p>

<p><b>Goal 5. Professionalism</b></p>
<p><b>Objectives:</b> : Interns will demonstrate skills, abilities and knowledge necessary to exhibit professional values, attitudes and behaviors, as well as engage in reflective self-assessment.</p>
<p><i>Competencies</i></p> <p><i>Professional Values, Attitudes and Behaviors</i></p> <ul style="list-style-type: none"> <li>i. Behavior demonstrates the values and attitudes of psychology e.g., integrity, deportment, and concern for the welfare of others.</li> <li>ii. Demonstrates timeliness in keeping appointments, commitments, returning messages, attending meetings, sessions and supervision.</li> <li>iii. Demonstrates appropriate autonomy in professional practice in increasingly complex situations.</li> <li>iv. Contributes to internship by providing input to faculty regarding content, and structure of program.</li> <li>v. Actively seeks and demonstrates openness and responsiveness to feedback and supervision.</li> </ul>

<p><i>Self-Assessment and Reflective Practice</i></p> <ul style="list-style-type: none"> <li>i. Accurately assesses and identifies personal strengths and areas in need of improvement (on-going self-assessment &amp; completion of Intern Self-Evaluation form).</li> <li>ii. Assumes responsibility for meeting intern's identified (in i. above) training needs and goals.</li> <li>iii. Avoids or ameliorates impact of problems or weaknesses by improving professional effectiveness.</li> <li>iv. Demonstrates commitment to maintain and improve self-care and personal well-being.</li> </ul>
<p><i>Evaluative Forms Used for Expected Competencies:</i> Supervisor Evaluation of Intern Competencies Form</p>
<p><i>How Outcomes are Measured:</i> Refer to Supervisor Evaluation of Intern Competencies Form</p>
<p><i>Minimum level of Achievement:</i> Interns shall demonstrate skills that are commensurate to End of Internship level or Independent Skill level for four of the five Professional Values, Attitudes and Behaviors competencies and three of the four Self-Assessment and Reflective Practice competencies. The remaining competencies must be assessed as Intermediate level or above.</p>

<p><b>Goal 6. Communication &amp; Interpersonal Skills</b></p>
<p><i>Objective:</i> Interns will demonstrate professional skills, abilities and knowledge of competent and effective communication and interpersonal skills.</p>
<p><i>Competencies</i></p> <ul style="list-style-type: none"> <li>i. Forges cooperative relationships with a wide range of colleagues (e.g., other professionals, supervisors, supervisees).</li> <li>ii. Demonstrates skill in managing difficult communication in a variety of settings (e.g., appropriate disclosure/protection of PHI, feedback to difficult clients, different opinions in multidisciplinary team, case conferences and other professions).</li> <li>iii. Professional communications (oral, nonverbal, and written) are informative, well-integrated, and demonstrate a grasp of psychological language and concepts.</li> <li>iv. Effectively communicates evaluation/assessment results and treatment planning to the patient.</li> <li>v. Actively seeks and openly responds to feedback and supervision.</li> <li>vi. Establishes rapport with clients and communicates both at a professional level and developmental level of the client.</li> </ul>
<p><i>Evaluative Forms Used for Expected Competencies:</i> Supervisor Evaluation of Intern Competencies Form</p>

*How Outcomes are Measured:* Refer to Supervisor Evaluation of Intern Competencies Form

*Minimum level of Achievement:* Interns shall demonstrate skills that are commensurate to End of Internship level or Independent Skill level for four of the six assessed competencies. The remaining competencies must be assessed as Intermediate level or above.

**Goal 7. Consultation and Interprofessional/Interdisciplinary Skills**

*Objective:* Interns will demonstrate professional skills, abilities and knowledge related to consultation and interprofessional/interdisciplinary skills.

*Competencies*

- i. Demonstrates knowledge of consultation models and practices (e.g., during participation in multidisciplinary meetings, meeting with referral sources).
- ii. Demonstrates respect for the roles and perspectives of other health care professionals (e.g., during participation in multidisciplinary meetings or contact with psychiatrists or nurses).
- iii. Demonstrates respect for the roles and perspectives of other (non-health care) colleagues (e.g., while gathering background information or limiting disclosure of private health information to “need to know”).
- iv. Balances issues of privacy of health care with other staff’s need to know information.

*Evaluative Forms Used for Expected Competencies:* Supervisor Evaluation of Intern Competencies Form

*How Outcomes are Measured:* Refer to Supervisor Evaluation of Intern Competencies Form

*Minimum level of Achievement:* Interns shall demonstrate skills that are commensurate to End of Internship level or Independent Skill level for two of the four assessed competencies. The remaining competencies must be assessed as Intermediate level or above.

**Goal 8. Supervision**

*Objective:* Interns will demonstrate professional skills, abilities and knowledge required to apply appropriate models of supervision to students in training and early career professionals.

*Competencies*

- i. Demonstrates knowledge of supervision models and practices through discussions in supervision.
- ii. Demonstrates knowledge of supervision models and practices through peer supervision or direct practice with psychology trainees, or other health professionals.
- iii. Demonstrates knowledge of ethical and legal responsibilities of supervision and appropriately practices within their level of training.

<i>Evaluative Forms Used for Expected Competencies:</i> Supervisor Evaluation of Intern Competencies Form
<i>How Outcomes are Measured:</i> Refer to Supervisor Evaluation of Intern Competencies Form
<i>Minimum level of Achievement:</i> Interns shall demonstrate skills that are commensurate to End of Internship level or Independent Skill level for two of the three assessed competencies. The remaining competency must be assessed as Intermediate level or above.

<b>Goal 8. Individual and Cultural Diversity</b>
<i>Objective:</i> Interns will demonstrate professional skills, abilities and knowledge related to individual and cultural diversity as it pertains to clinical practice and self-assessment.
<p><i>Competencies</i></p> <ul style="list-style-type: none"> <li>i. Applies appropriate theories to a client's historical and cultural background.</li> <li>ii. Uses sources and methods of assessment appropriate for the diversity characteristics of the patient.</li> <li>iii. Addresses cultural and diversity issues in reports when relevant to test measures and interpretation.</li> <li>iv. Discusses and modifies treatment approach and treatment goals in light of a client's cultural background (cultural sensitivity) when appropriate.</li> <li>v. Appropriately addresses individual and cultural diversity issues in the context of psychotherapy and patient therapist relationship.</li> <li>vi. Demonstrates understanding of the impact which individual and cultural differences may have on the supervisory relationship and appropriately addresses this when appropriate.</li> <li>vii. Articulates, understands and monitors own cultural identity.</li> <li>viii. Demonstrate the ability to independently apply self-knowledge to working effectively with the diverse individuals and groups encountered during internship.</li> </ul>
<i>Evaluative Forms Used for Expected Competencies:</i> Supervisor Evaluation of Intern Competencies Form
<i>How Outcomes are Measured:</i> Refer to Supervisor Evaluation of Intern Competencies Form
<i>Minimum level of Achievement:</i> Interns shall demonstrate skills that are commensurate to End of Internship level or Independent Skill level for five of the eight assessed competencies. The remaining competencies must be assessed as Intermediate level or above.

#### **INTERN PROBLEM RESOLUTION PROCESS**

As State employees, the interns are protected by law, policy, and directives against sexual or physical harassment by supervisors, other staff, or clients. Interns can access intranet copies of

the Wisconsin Department of Corrections Employee Handbook and this Internship Program Guide. These publications are reviewed with the interns during orientation weeks. These publications contain written policies and procedures regarding program requirements and performance expectations as well as continuation and termination from the program. They contain work rules and policies to which all Wisconsin State employees must adhere. These documents also contain philosophies, policies, and procedures with respect to problem/conflict resolution and grievance resolution.

The Intern Problem Resolution Process is a stepwise process in which each step is seriously considered before moving on to the next. Each progressive step can be seen as an appeal or grievance process for a lack of satisfaction with the outcome from the previous step. Interns are Limited Term Employees (LTEs) of the State of Wisconsin Department of Corrections and, as such, they are entitled to the privileges and protection afforded to other LTE's. The following is the recommended course of action to be followed by interns and supervisors. (The intern has the option, however, to pursue grievances as outlined in the Employees Handbook, a copy of which is accessible.)

1. The intern and supervisor should clearly discuss the problem, performance, or concern, and attempt to resolve it. Each party should be respectful of the other and allow for a discussion of the concerns from the perspectives of both. If the intern is concerned about an individual not directly involved with the internship, they should use their judgment in trying to resolve the problem informally (if the issue is not considered serious). Any concerns regarding mistreatment of youth, no matter how trivial they may seem, should be discussed with a supervisor immediately.
2. When the problem is seen as more serious or if the first step does not resolve the problem, the Psychologist Supervisor should be contacted. The Psychologist Supervisor will meet with the intern and supervisor or other staff member(s) in order to clarify the issues and to allow concerned parties to provide input. The Psychologist Supervisor will serve as arbitrator or facilitator in seeking a satisfactory resolution. The plan will then be developed and implemented by all parties with frequent follow-up to ensure that problem resolution is occurring.
3. If the problem is very serious, or if the problem is still not resolved in the second step, the intern or staff member may request to meet with the Psychologist Supervisor, Psychology Manager and LHS/CLS administration. A full investigation should be conducted to ensure that all facts are known and all relevant data/information has been gathered and then the Psychologist Supervisor, Psychologist Manager and administration will discuss and deliberate upon the facts and develop appropriate recommendations. This may include a plan of action or specified changes in the particular intern's program. The Psychologist Supervisor, Psychology Manager and administration will remain involved until such time as satisfactory resolution is reached.
4. When problems are sufficiently serious to call into question whether or not an intern can (or will be permitted) to successfully complete the internship program, and when previous attempts at problem resolution have been unsuccessful, the Training Director of the intern's academic

institution will be contacted and informed. Contact will be from the Psychologist Supervisor. The Training Director of the intern's academic institution will be apprised of all facts and actions previously attempted. The Director will be invited to join in the problem solving process in an attempt to reach a satisfactory resolution. The intern will also be encouraged to directly contact their Training Director as well so that he or she can provide a personal perspective about the problem. Solutions will be formulated after thorough consultation with all parties.

5. Additional Recourse – the internship is accredited by the American Psychological Association. Concerns may be addressed with The APA Office of Program Consultation and Accreditation at 750 First Street, NE, Washington, D.C. 2002-4242, 202-336-5500.

Each situation will be dealt with on a case by case basis to ensure the problem can be resolved in a satisfactory manner as quickly as possible.

### **PROGRAM EVALUATION AND RESEARCH**

All research must be approved in advance by LHS/CLS, the Division of Juvenile Corrections, and the Department of Corrections. Due to the myriad of ethical, legal, and other issues related to research in juvenile corrections, anyone interested in pursuing a research project is best served by consulting with the Psychologist Supervisor at the initial stages of the research project. This allows one to receive feedback as to the viability of the proposed project prior to putting a significant amount of effort into its development.

Interns are allowed at times to complete their doctoral dissertation research at LHS/CLS. Those who are interested are provided help in determining what research might be accomplished at LHS/CLS. Flexible scheduling is also provided when necessary to help those who need to utilize libraries or perform other important activities in order to complete their doctoral research.

Interns with a goal of teaching and doing research are encouraged to apply to this internship. There is a dearth of valuable research on the effectiveness of treatment and intervention with this population. This is disconcerting in consideration of the high numbers of individuals who are incarcerated in the United States. The potential for useful psychological research in this area is extraordinary.

### **INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA**

#### ***Program Information updated: August 14, 2017***

Lincoln Hills and Copper Lake Schools Internship Program provides a solid experience in working with adolescents and young adults. Given that more than 75% of our youth qualify for a mental health disorder, our correctional facility has a strong treatment focus. Interns will provide individual therapy to youth and young adults, from a variety of evidence based treatment perspectives, including CBT, DBT and TF-CBT. Interns will learn crisis management strategies and gain skills in suicide and violence risk assessment. Interns will also have an opportunity to develop and/or facilitate mental health training for correctional staff. The youth in our care and custody come from diverse backgrounds, and cultural considerations are emphasized in the interns approach to treatment. We are an affirmative action, equal opportunity employer. The

Executive Committee of the APA Commission on Accreditation approved the continuation of this accredited program in this new location and we maintain a strong commitment to the ethical training of professional psychologists.

## **FORMER INTERN GRADUATES**

### ***Graduate Programs***

Antioch University  
 Adler University  
 Alliant International University, San Francisco  
 Azusa Pacific University  
 Arizona School of Professional Psychology  
 California School of Professional Psychology  
 Chicago School of Professional Psychology  
 Fielding University  
 Gallaudet University  
 George Washington University  
 Illinois School of Professional Psychology  
 Jackson State University  
 Kean University  
 Marquette University  
 Massachusetts School of Professional Psychology  
 Pacific University School of Graduate Psychology  
 Pacific University School of Professional Psychology  
 Regent University  
 Rutgers University-New Brunswick  
 Spalding University  
 University of Denver  
 University of Nebraska-Lincoln  
 University of Wisconsin-Milwaukee  
 Western Michigan University  
 Wright State University

### ***Post-Internship Positions***

	<b>2014-2015</b>	<b>2015-2016</b>	<b>2016-2017</b>
Total # of Interns	4	4	3
Total # of Interns not employed and continuing degree	0	0	1
Community mental health center			1EP
Federally qualified health center			
Independent primary care facility/clinic			
University counseling center			

Veterans Affairs medical center			
Military health center			
Academic health center			
Other medical center or hospital	1EP		
Psychiatric hospital	1PD		
Academic university/department			
Community college or other teaching setting			
Independent research institution			
Correctional facility	1EP	4EP	1EP
School district/system	1EP		
Independent practice setting			
Not currently employed			
Changed to another field			
Other			

**Note: “PD” = Post-doctoral residency position; “EP” = Employed Position.**

### ***Application Process***

#### **Basic Qualifications**

Applicants must be enrolled in a doctoral program in Clinical, Counseling or School Psychology at an accredited institution. Ideal applicants will have completed at least three years of full-time graduate-level study by the start of the internship year. The internship requires a minimum of 500 combined hours of prior clinical training experience, including both assessment and therapy practica. Successful interns will have previous training in adolescent treatment and psychopathology, though this is not required. Similarly, successful interns will have previous training or experience in a forensic or correctional setting, though this is not required. It is expected that prospective interns have an approved proposal for their dissertation/doctoral research project by the start of internship. Preference is given to applicants from programs accredited by the American Psychological Association or the Canadian Psychological Association.

#### **Application Materials**

The internship is a member in good standing of the Association of Psychology Pre-doctoral and Post-doctoral Internship Centers (APPIC). As such, we follow all the rules and regulations of the national intern selection procedures. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. For more information, please go to [www.appic.org](http://www.appic.org).

Applicants are expected to apply to the internship program via the Association of Psychology Postdoctoral and Internship Centers (APPIC); for consideration, candidates must submit the following:

1. A complete APPIC Application for Psychology Internship including:
  - a. Update Curriculum Vita

- b. Official Transcripts of all graduate coursework
  - c. Three Letters of recommendations
  - d. AAPI
2. By application deadline of November 22

### **Interviews**

Applicants will be notified of an offered interview by December 4 and can anticipate a scheduled interview in late December or early January. Although the site is willing to accommodate phone interviews in extenuating circumstances, on-site interviews are highly encouraged.

### **Notification of Application Status**

Notice of acceptance into the Internship program will be provided by the computer generated national matching service and a subsequent phone call from the internship training director. Written confirmation is provided to new interns and their graduate program Directors of Clinical Training within two business days of the match.

### **Dates and Hours of Training**

The Internship program is 12 months in duration from September 1- August 31. Interns are expected on-site Monday through Thursday from 0745-1630 with an unpaid 45 minute lunch. In order to maintain a strong emphasis on training, interns are required to attend weekly didactic training and group supervision off-site on Fridays. Trainings will primarily be held in Madison, Wisconsin and interns will be provided a fleet vehicle and/or mileage reimbursement, as well as reimbursement for any meals and lodging required, as approved by the Internship Training Director.

### **Stipend and Benefits**

All interns receive a stipend of approximately \$30,000 per year. There are no medical or dental benefits. Interns are expected to be off work for 9 state holidays (listed below), and may take up to two weeks of additional vacation/sick leave, although this will be unpaid leave. Interns may be provided leave with pay for approved training activities.

Wisconsin state holidays, which are (unpaid) days off for interns:

- New Year's Day (January 1)
- Martin Luther King Jr.'s Birthday (Third Monday in January)
- Memorial Day (Last Monday in May)
- Independence Day (July 4)
- Labor Day (First Monday in September)
- Thanksgiving Day (Fourth Thursday in November)
- Christmas Eve Day (December 24)
- Christmas Day (December 25)
- New Year's Eve Day (December 31)

### **Outside Employment**

Interns are not allowed to participate in any other outside professional activities without first being granted permission. Psychological Consultation or other Psychological Services for a fee will not be allowed, including that under the supervision of a psychologist not affiliated with the training program. This position is taken to reduce the potential for liability and to keep clear the role of the intern within the internship program. Services for training, teaching, research and other work, will be considered on an individual basis.

### **Safety**

While there are many youth placed here who are dangerous, there are also significant security measures in place to reduce the risk of being harmed. As this is a secure facility, the issue of safety does come up as a concern to some applicants. Personal safety has never been a significant problem for interns. It is, however, very important for all staff to strictly follow security precautions and procedures. Interns are thoroughly oriented in these areas and are not at a high risk of being injured if they follow them carefully and consistently. Being complacent regarding security issues presents the most significant risk for interns. LHS/CLS bans cell phones, pagers, other electronics, smoking material and a variety of other items. A more comprehensive list of banned items is available and will be provided to any interviewees. If an applicant has questions about other issues related to security or safety, don't hesitate to contact the Internship Training Director.

### **Background Checks**

Interns are Limited Term Employees of the State of Wisconsin. As such they are all subjected to comprehensive criminal background checks prior to a final offer of hire. Applicants are required to share any criminal history on their application. Anyone with concerns about this should consult with the Internship Training Director for further information or clarification.

### **Conclusion**

This internship intends to provide interns with the best possible foundational training for their future careers in professional psychology. The diversity of our client population both in terms of cultural and ethnic diversity as well as their presenting mental health problems add up to a rich foundation upon which to build a career.

Additional information is available on the Division of Juvenile Corrections' website at <https://doc.wi.gov/Pages/AboutDOC/JuvenileCorrections/DivisionOfJuvenileCorrections.aspx>.

*For additional information please contact:*

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